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| NEWS 1 | | Web Page for STN Seminar Schedule - N. America |
| NEWS 2 | APR 02 | CAS Registry Number Crossover Limits Increased to 500,000 in Key STN Databases |
| NEWS 3 | APR 02 | PATDPAFULL: Application and priority number formats enhanced |
| NEWS 4 | APR 02 | DWPI: New display format ALLSTR available |
| NEWS 5 | APR 02 | New Thesaurus Added to Derwent Databases for Smooth Sailing through U.S. Patent Codes |
| NEWS 6 | APR 02 | EMBASE Adds Unique Records from MEDLINE, Expanding Coverage back to 1948 |
| NEWS 7 | APR 07 | 50,000 World Traditional Medicine (WTM) Patents Now Available in CAplus |
| NEWS 8 | APR 07 | MEDLINE Coverage Is Extended Back to 1947 |
| NEWS 9 | JUN 16 | WPI First View (File WPIFV) will no longer be available after July 30, 2010 |
| NEWS 10 | JUN 18 | DWPI: New coverage - French Granted Patents |
| NEWS 11 | JUN 18 | CAS and FIZ Karlsruhe announce plans for a new STN platform |
| NEWS 12 | JUN 18 | IPC codes have been added to the INSPEC backfile (1969-2009) |
| NEWS 13 | JUN 21 | Removal of Pre-IPC 8 data fields streamline displays in CA/CAplus, CASREACT,and MARPAT |
| NEWS 14 | JUN 21 | Access an additional 1.8 million records exclusively enhanced with 1.9 million CAS Registry Numbers -- EMBASE Classic on STN |
| NEWS 15 | JUN 28 | Introducing "CAS Chemistry Research Report": 40 Years of Biofuel Research Reveal China Now Atop U.S. in Patenting and Commercialization of Bioethanol |
| NEWS 16 | JUN 29 | Enhanced Batch Search Options in DGENE, USGENE, and PCTGEN |
| NEWS 17 | JUL 19 | Enhancement of citation information in INPADOC databases provides new, more efficient competitor analyses |
| NEWS 18 | JUL 26 | CAS coverage of global patent authorities has expanded to 61 with the addition of Costa Rica |
| NEWS 19 | SEP 15 | MEDLINE Cited References provide additional revelant records with no additional searching. |
| NEWS 20 | OCT 04 | Removal of Pre-IPC 8 data fields streamlines displays in USPATFULL, USPAT2, and USPATOLD. |
| NEWS 21 | OCT 04 | Precision of EMBASE searching enhanced with new chemical name field |
| NEWS 22 | OCT 06 | Increase your retrieval consistency with new formats or for Taiwanese application numbers in CA/CAplus. |
| NEWS 23 | OCT 21 | CA/CAplus kind code changes for Chinese patents increase consistency, save time |
| NEWS 24 | OCT 22 | New version of STN Viewer preserves custom highlighting of terms when patent documents are saved in .rtf format |
| NEWS 25 | OCT 28 | INPADOCDB/INPAFAMDB: Enhancements to the US national patent classification. |
| NEWS 26 | NOV 03 | New format for Korean patent application numbers in CA/CAplus increases consistency, saves time. |
| NEWS 27 | NOV 04 | Selected STN databases scheduled for removal on December 31, 2010 |
| NEWS 28 | NOV 18 | PROUSDDR and SYNTHLINE Scheduled for Removal December 31, 2010 by Request of Prous Science |
| NEWS 29 | NOV 22 | Higher System Limits Increase the Power of STN Substance-Based Searching |

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=> aluminium (w) phosphate
L1          389 ALUMINIUM (W) PHOSPHATE

=> Hib (s) L1
L2            0 HIB (S) L1

=> haemophilus (s) L1
L3            1 HAEMOPHILUS (S) L1

=> Haemophilus (s) conjugated
L4          247 HAEMOPHILUS (S) CONJUGATED

=> L1 and L4
L5            1 L1 AND L4

=> DTP and L4
L6           16 DTP AND L4

=> L1 and L6
L7            0 L1 AND L6
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=> D L5 IBIB ABS

L5 ANSWER 1 OF 1 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN

Full Text | Cited References

ACCESSION NUMBER: 2000:57511 BIOSIS
DOCUMENT NUMBER: PREV200000057511
TITLE: Evaluation of a guinea pig model to assess interference in the immunogenicity of different components of a combination vaccine comprising diphtheria, tetanus and acellular pertussis (DTaP) vaccine and Haemophilus influenzae type b capsular polysaccharide conjugate vaccine.
AUTHOR(S): Gupta, Rajesh K. [Reprint author]; Anderson, Roger; Cecchini, Douglas; Rost, Bradford; Xu, Jin; Gendreau, Katherine; Saroff, Denise L.; Marchant, Colin; Siber, George R.
CORPORATE SOURCE: Wyeth Lederle Vaccines, 401 N. Middletown Road, Pearl River, NY, USA
SOURCE: Biologicals, (June, 1999) Vol. 27, No. 2, pp. 167-176. print.
CODEN: BILSEC. ISSN: 1045-1056.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 3 Feb 2000
Last Updated on STN: 3 Jan 2002

AB A guinea pig model to assess the immunogenicity of a combination vaccine containing diphtheria, tetanus and acellular pertussis (DTaP) vaccine and **Haemophilus** influenzae type b (Hib) capsular polysaccharide **conjugated** to tetanus toxoid (HibT) was evaluated comparatively with the mouse immunogenicity test to study the effect of combining these antigens on the immunogenicity of various components. The immunogenicity test in mice was performed by subcutaneous injection of groups of 10 animals twice at an interval of four weeks with 1/10 of a single human dose of various formulations of combination vaccines, DTaP or HibT vaccine. The animals were bled at 4 and 6 weeks and IgG or total antibodies to various components were determined by ELISA or RIA. The guinea pig immunogenicity model included groups of animals injected subcutaneously twice at an interval of six weeks with 1.5 times the single human dose of various formulations. The animals were bled at 4, 6 and 8 weeks and serum samples were tested for antibodies to various components by ELISA, RIA and/or neutralization tests. Additionally, potency of tetanus and diphtheria components was assessed as per the US Food and Drug Administration's regulations. **Aluminium phosphate** (AlPO4) adsorbed HibT vaccine or HibT as a combination with AlPO4 adsorbed DTaP vaccine showed significant increases in IgG antibodies to tetanus toxin in mice as well increased tetanus antitoxin levels in guinea pigs as compared to soluble HibT vaccine. In general, combining DTaP and HibT vaccines did not affect the antibody levels to tetanus and diphtheria toxoids whereas DTaP-HibT combination vaccine elicited significantly lower IgG antibodies to pertussis toxin and filamentous haemagglutinin than DTaP vaccine alone, particularly after first injection. Mice showed similar Hib antibody responses for the combination and HibT alone whereas guinea pigs consistently showed lower anamnestic responses to Hib for combination formulations than for HibT alone. Reducing the amount of HibT and/or tetanus toxoid in the combination formulations reduced this suppression of Hib antibody response in guinea pigs. Suppression of Hib antibody response in combination vaccines has also been reported from recent clinical trials. Based on the results from this study, it appears that the guinea pig model may be able to predict the human response to various

components of combination vaccines.

=> D L6 IBIB ABS 1-16

L6 ANSWER 1 OF 16 CAPLUS COPYRIGHT 2010 ACS on STN

Full Text | Cited References

ACCESSION NUMBER: 2006:160565 CAPLUS
DOCUMENT NUMBER: 145:81515
TITLE: Immunogenicity and safety of four different doses of **Haemophilus** influenzae type b-tetanus toxoid **conjugated** vaccine, combined with diphtheria-tetanus-pertussis vaccine (**DTP**-Hib), in Indonesian infants
AUTHOR(S): Punjabi, Narain H.; Richie, Emily L.; Simanjuntak, Cyrus H.; Harjanto, Sri Juliani; Wangsasaputra, Ferry; Arjoso, Sumarjati; Rofiq, Ainur; Prijanto, Mulyati; Julitasari; Yela, Ursula; Herzog, Christian; Cryz, Stanley J.
CORPORATE SOURCE: U.S. Naval Medical Research Unit No. 2, Djakarta, Indonesia
SOURCE: Vaccine (2006), 24(11), 1776-1785
CODEN: VACCDE; ISSN: 0264-410X
PUBLISHER: Elsevier B.V.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Widespread use of **Haemophilus** influenzae type b (Hib) **conjugated** vaccine in industrialized countries has resulted in a dramatic decline in the incidence of invasive Hib diseases, but the vaccine's cost has prevented its inclusion in basic immunization programs in developing countries. To overcome this problem, combination with diphtheria-tetanus-pertussis (**DTP**) vaccine or redn. in the dose of Hib vaccine has been proposed. To evaluate the immunogenicity and adverse reactions from lower doses of Hib-polyribosylphosphate (PRP) conjugated with tetanus toxoid (PRP-T), a double-blind study was conducted in Jakarta, Indonesia, and its suburbs. A total of 1048 infants 6 wk to 6 mo of age received three doses of **DTP** vaccine combined with the usual 10 μg dose or with a reduced dose of 5, 2.5 or 1.25 μg of PRP-T at two-monthly intervals. Antibodies were measured prior to the first dose and 4-6 wk following the third dose. Adverse reactions were similar among all four groups. The only significant difference was a higher rate of irritability ($p < 0.02$) and of temp. elevation >38 °C ($p < 0.009$) after doses 1 and 2 in the lowest dose group (1.25 μg PRP-T) compared to the other groups. All participants tested had a 4-fold increase in antibodies against all **DTP** antigens. In addn., after a fourth booster dose of Hib, 99.6% of infants produced ≥0.15 μg/mL of antibody to Hib-PRP, and 96.4% showed levels ≥1.0 μg/mL after primary immunization, level that correlate with short- and long-term immunity, resp. Antibody titers to the PRP antigen showed no significant differences among dosage groups with the exception of the 5.0 μg group, which had a significantly higher GMC than the 1.25 μg group ($p < 0.012$). This study demonstrates that primary vaccination with half, one-fourth, or one-eighth of the usual dose of PRP-T, combined with **DTP** vaccine, produces protective immune responses, and has side effects that are comparable to **DTP** vaccination alone. In these lower dosages, PRP-T conjugate vaccine can lower vaccine costs to a level that is affordable for infant immunization programs in developing countries.

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Full Text | Cited References

ACCESSION NUMBER: 2005:1299877 CAPLUS
DOCUMENT NUMBER: 145:122365
TITLE: Immunogenicity of one, two or three doses of a meningococcal C conjugate vaccine conjugated to tetanus toxoid, given as a three-dose primary vaccination course in UK infants at 2, 3 and 4 months of age with acellular pertussis-containing **DTP**/Hib vaccine
AUTHOR(S): Southern, J.; Crowley-Luke, A.; Borrow, R.; Andrews, N.; Miller, E.
CORPORATE SOURCE: Immunisation Department, Health Protection Agency, Centre for Infections, London, NW9 5EQ, UK
SOURCE: Vaccine (2006), 24(2), 215-219
CODEN: VACCDE; ISSN: 0264-410X
PUBLISHER: Elsevier B.V.
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Redn. of the no. of injections necessary to confer protection in the infant schedule would reduce discomfort, improve cost-effectiveness and create space for the addn. of new vaccinations in the future. This study assessed the immunogenicity of one, two or three doses of meningococcal C conjugate vaccine **conjugated** to tetanus toxoid (MCC-TT) [Neis-VacC] given concomitantly with a combined diphtheria/tetanus/acellular pertussis/**Haemophilus** influenzae type b -TT conjugate (DTaP-Hib-TT) [Infanrix-Hib] vaccine at 2, 3 and 4 mo of age. A total of 106 healthy UK infants were enrolled and randomised into two groups, one in which blood was taken after the first and third dose and the other after the second and third dose. The meningococcal serogroup C serum bactericidal antibody (SBA) geometric mean titer (GMT) rose significantly from post-first dose (491, 95% CI 275, 877) to post-second dose (1052, 95% CI 774, 1433) ($p = 0.03$), with no significant change after the third dose (1024, 95% CI 768, 1366). An SBA titer of ≥8 was achieved by 92% after the first dose and 100% after the second and third doses. The Hib IgG geometric mean concn. (GMC) rose significantly after each dose: post-first (0.14 μg/mL 95% CI 0.10, 0.18), post-second (0.54 μg/mL, 95% CI 0.33, 0.90), post-third (2.04 μg/mL, 95% CI 1.52, 2.74). The Hib GMC after the third dose was higher than reported previously when this DTaP/Hib was given either on its own or concomitantly with a MCC-CRM conjugate vaccine according to the UK 2, 3 and 4 mo schedule. This suggests some enhancement of the response to a Hib-TT vaccine by concomitant administration of MCC-TT. These results suggest that a reduced no. of doses of MCC-TT would be adequate in infancy if given concomitantly with an acellular pertussis-contg. vaccine.
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ACCESSION NUMBER: 2000:526210 CAPLUS
DOCUMENT NUMBER: 134:264780
TITLE: Associated or combined vaccination of Brazilian

infants with a conjugate Haemophilus influenzae type b (Hib) vaccine, a diphtheria-tetanus-whole-cell pertussis vaccine and IPV or OPV elicits protective levels of antibodies against Hib

AUTHOR(S): Araujo, O. O.; Forleo-Neto, E.; Vespa, G. N. R.; Puccini, R. F.; Weckx, L. W.; Carvalho, E. S.; Farhat, C. K.

CORPORATE SOURCE: Departamento de Pediatria, Universidade Federal de Sao Paulo/Escola Paulista de Medicina, Sao Paulo, CEP 04040-003, Brazil

SOURCE: Vaccine (2000), 19(2-3), 367-375
CODEN: VACCDE; ISSN: 0264-410X

PUBLISHER: Elsevier Science Ltd.

DOCUMENT TYPE: Journal

LANGUAGE: English

AB This study investigated the immunogenicity and safety of including a **Haemophilus** influenzae type b vaccine (polyribosylribitol phosphate **conjugated** to tetanus toxoid, PRP-T) in three different vaccination schemes: (1) PRP-T reconstituted with a combined diphtheria-tetanus-pertussis-inactivated poliovirus vaccine (**DTP**-IPV//PRP-T); (2) PRP-T reconstituted with **DTP** and administered concomitantly with an oral poliovirus vaccine (**DTP**//PRP-T+OPV); and (3) PRP-T administered concomitantly with **DTP** at a different injection site and OPV (**DTP**+PRP-T+OPV). Vaccines were given at 2, 4, and 6 mo of age. A total of 252 infants were enrolled, and randomly assigned to one of the three vaccination groups (84 infants in each group); 241 infants were followed until the end of the study. Antibody prodn. against PRP, diphtheria, tetanus and pertussis antigens was satisfactory for each vaccination scheme used. A good response to Hib vaccine was elicited in each group, and 3 mo after the third vaccine dose, at least 97% of children in each group had levels of PRP antibody considered to be seroprotective (°0.15 µg/mL), and over 90% of children in each group had levels over 1.0 µg/mL. The solicited local and systemic adverse events following vaccination were mild in all groups and resolved within 4 days without medical intervention. With the exception of fever, which was more common after the second dose in children who received **DTP**-IPV//PRP-T, local and systemic reactions did not differ between the vaccination groups. Due to the practical advantages of combined vaccines, their use in routine immunization programs in developing countries is highly desirable. Our results show that Hib conjugate vaccine can be included in routine immunization programs that include either OPV or IPV with satisfactory immunogenicity and safety profiles. This flexible approach should facilitate the inclusion of the Hib conjugate vaccine in routine immunization programs on a world-wide scale.

OS.CITING REF COUNT: 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)

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ACCESSION NUMBER: 2006:324657 BIOSIS

DOCUMENT NUMBER: PREV200600325248

TITLE: Immunogenicity and safety of four different doses of **Haemophilus** influenzae type b-tetanus toxoid **conjugated** vaccine, combined with diphtheria-tetanus-pertussis vaccine (**DTP**-Hib), in Indonesian infants.

AUTHOR(S): Punjabi, Narain H. [Reprint Author]; Richie, Emily L.; Simanjuntak, Cyrus H.; Harjanto, Sri Juliani;

Wangsasaputra, Ferry; Arjoso, Sumarjati; Rofiq, Ainur; Prijanto, Mulyati; Julitasari; Yela, Ursula; Herzog, Christian; Cryz, Stanley J.

CORPORATE SOURCE: USN, Med Res Unit 2, Jakarta, Indonesia
narain@namru2.org

SOURCE: Vaccine, (MAR 10 2006) Vol. 24, No. 11, pp. 1776-1785.
CODEN: VACCDE. ISSN: 0264-410X.

DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 21 Jun 2006
Last Updated on STN: 21 Jun 2006

AB Widespread use of **Haemophilus** influenzae type b (Hib) **conjugated** vaccine in industrialized countries has resulted in a dramatic decline in the incidence of invasive Hib diseases, but the vaccine's cost has prevented its inclusion in basic immunization programs in developing countries. To overcome this problem, combination with diphtheria-tetanus-pertussis (**DTP**) vaccine or reduction in the dose of Hib vaccine has been proposed. To evaluate the immunogenicity and adverse reactions from lower doses of Hib-polyribosylphosphate (PRP) conjugated with tetanus toxoid (PRP-T), a double-blind study was conducted in Jakarta, Indonesia, and its suburbs. A total of 1048 infants 6 weeks to 6 months of age received three doses of **DTP** vaccine combined with the usual 10 mu g dose or with a reduced dose of 5, 2.5 or 1.25 mu g of PRP-T at two-monthly intervals. Antibodies were measured prior to the first dose and 4-6 weeks following the third dose. Adverse reactions were similar among all four groups. The only significant difference was a higher rate of irritability ($p < 0.02$) and of temperature elevation > 38 degrees C ($p < 0.009$) after doses 1 and 2 in the lowest dose group (1.25 mu g PRP-T) compared to the other groups. All participants tested had a 4-fold increase in antibodies against all **DTP** antigens. In addition, after a fourth booster dose of Hib, 99.6% of infants produced >= 0.15 mu g/ml of antibody to Hib-PRP, and 96.4% showed levels > 1.0 mu g/ml after primary immunization, level that correlate with short- and long-term immunity, respectively. Antibody titers to the PRP antigen showed no significant differences among dosage groups with the exception of the 5.0 mu g group, which had a significantly higher GMC than the 1.25 mu g group ($p < 0.012$). This study demonstrates that primary vaccination with half, one-fourth, or one-eighth of the usual dose of PRP-T, combined with **DTP** vaccine, produces protective immune responses, and has side effects that are comparable to **DTP** vaccination alone. In these lower dosages, PRP-T conjugate vaccine can lower vaccine costs to a level that is affordable for infant immunization programs in developing countries. (c) 2005 Elsevier Ltd. All rights reserved.

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Full Text | Citing References

ACCESSION NUMBER: 2006:232200 BIOSIS
DOCUMENT NUMBER: PREV200600235047

TITLE: Immunogenicity of one, two or three doses of a meningococcal C conjugate vaccine conjugated to tetanus toxoid, given as a three-dose primary vaccination course in UK infants at 2, 3 and 4 months of age with acellular pertussis-containing **DTP**/Hib vaccine.

AUTHOR(S): Southern, J. [Reprint Author]; Crowley-Luke, A.; Borrow, R.; Andrews, N.; Miller, E.

CORPORATE SOURCE: Hlth Protect Agcy, Ctr Infect, Immunisat Dept, 61 Colindale Ave, London NW9 5EQ, UK
jo.southem@hpa.org.uk

SOURCE: Vaccine, (JAN 12 2006) Vol. 24, No. 2, pp. 215-219.

CODEN: VACCDE. ISSN: 0264-410X.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 12 Apr 2006
Last Updated on STN: 12 Apr 2006

AB Reduction of the number of injections necessary to confer protection in the infant schedule would reduce discomfort, improve cost-effectiveness and create space for the addition of new vaccinations in the future. This study assessed the immunogenicity of one, two or three doses of meningococcal C conjugate vaccine **conjugated** to tetanus toxoid (MCC-TT) [Neis-VacC (R)] given concomitantly with a combined diphtheria/tetanus/acellular pertussis/**Haemophilus** influenzae type b -TT conjugate (DTaP-Hib-TT) [Infanrix-Hib (R)] vaccine at 2, 3 and 4 months of age. A total of 106 healthy UK infants were enrolled and randomised into two groups, one in which blood was taken after the first and third dose and the other after the second and third dose. The meningococcal serogroup C serum bactericidal antibody (SBA) geometric mean titre (GMT) rose significantly from post-first dose (491, 95% CI 275, 877) to post-second dose (1052, 95% CI 774, 1433) (P = 0.03), with no significant change after the third dose (1024, 95% CI 768, 1366). An SBA titre of >= 8 was achieved by 92% after the first dose and 100% after the second and third doses.The Hib IgG geometric mean concentration (GMC) rose significantly after each dose: post-first (0.14 mu g/ml 95% CI 0.10, 0.18), post-second (0.54 mu g/ml, 95% CI 0.33, 0.90), post-third (2.04 mu g/ml, 95% CI 1.52, 2.74). The Hib GMC after the third dose was higher than reported previously when this DTaP[Hib was given either on its own or concomitantly with a MCC-CRM conjugate vaccine according to the UK 2, 3 and 4 month schedule. This suggests some enhancement of the response to a Hib-TT vaccine by concomitant administration of MCC-TT.These results suggest that a reduced number of doses of MCC-TT would be adequate in infancy if given concomitantly with an acellular pertussis-containing vaccine. 

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ACCESSION NUMBER: 2002:227680 BIOSIS
DOCUMENT NUMBER: PREV200200227680
TITLE: Safety and immunogenicity of TETRActHIB (a vaccine combining **DTP** vaccine and Haemophilus influenzae type B conjugate vaccine) administered to infants at 6, 10 and 14 weeks of age.
AUTHOR(S): Hussey, G. [Reprint author]; Malan, H. [Reprint author]; Hughes, J. [Reprint author]; Eley, B. [Reprint author]; Piollet, M.; Charrondiere, M.; Sachs, E.
CORPORATE SOURCE: Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa
SOURCE: SAMJ (South African Medical Journal), (January, 2002) Vol. 92, No. 1, pp. 53-57. print.
CODEN: SAMJEJ. ISSN: 0256-9574.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 3 Apr 2002
Last Updated on STN: 3 Apr 2002

AB The safety and immunogenicity of TETRActHIB (a vaccine combining diphtheria and tetanus toxoids-pertussis vaccine (**DTP**) with **Haemophilus** influenzae type b (Hib) conjugate vaccine (polyribosyl ribitol phosphate **conjugated** to tetanus protein) (PRP-T)) was assessed in 131 Cape Town infants immunised at 6, 10 and 14 weeks of age. Serological responses to all component antigens were measured before the

first dose and at 18 weeks of age. In addition, anti-PRP antibodies were measured at 9 and 18 months of age to determine long-term immunogenicity. The vaccine was well tolerated by infants and no significant side-effects were reported. Responses to Hib at 18 weeks of age were good in that most infants achieved a level of anti-PRP antibodies gtoreq0.15 mug/ml, indicative of short-term protection, and 70% achieved a level gtoreq1 mug/ml, indicative of long-term protection. The proportions of children with protective levels gtoreq0.15 mug/ml and gtoreq1 mug/ml were similar at 9 and 18 months of age, i.e. approximately 75% and 45%, respectively. Responses to tetanus and diphtheria toxoids were excellent and all infants achieved protective serological levels. Responses to pertussis were moderate in that approximately 65% achieved 'protective' serum levels of pertussis agglutinins, i.e. titres gtoreq320. In conclusion, this study has shown that the **DTP**/PRP-T vaccine is safe, immunogenic and well tolerated in infants immunised at 6, 10 and 14 weeks of age. TETRActHIB is therefore suitable for inclusion in the World Health Organisation Expanded Programme on Immunisation (WHO EPI) schedule.

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ACCESSION NUMBER: 2000:447470 BIOSIS
DOCUMENT NUMBER: PREV200000447470
TITLE: Associated or combined vaccination of Brazilian infants with a conjugate Haemophilus influenzae type b (Hib) vaccine, a diphtheria-tetanus-whole-cell pertussis vaccine and IPV or OPV elicits protective levels of antibodies against Hib.
AUTHOR(S): Araujo, Orlei O.; Forleo-Neto, Eduardo; Vespa, Glaucia N. R. [Reprint author]; Puccini, Rosana F.; Weckx, Lilly W.; Carvalho, Eduardo S.; Farhat, Calil K.
CORPORATE SOURCE: Pasteur Merieux Connaught do Brasil, Rua do Rocio, 351, 10 Andar, Sao Paulo, SP, CEP 04552-905, Brazil
SOURCE: Vaccine, (15 September, 2000) Vol. 19, No. 2-3, pp. 367-375. print.
CODEN: VACCDE. ISSN: 0264-410X.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 18 Oct 2000
Last Updated on STN: 10 Jan 2002

AB This study investigated the immunogenicity and safety of including a **Haemophilus** influenzae type b vaccine (polyribosylribitol phosphate **conjugated** to tetanus toxoid, PRP-T) in three different vaccination schemes: (1) PRP-T reconstituted with a combined diphtheria-tetanus-pertussis-inactivated poliovirus vaccine (**DTP**-IPV//PRP-T); (2) PRP-T reconstituted with **DTP** and administered concomitantly with an oral poliovirus vaccine (**DTP**//PRP-T + OPV); and (3) PRP-T administered concomitantly with **DTP** at a different injection site and OPV (**DTP** + PRP-T + OPV). Vaccines were given at 2, 4, and 6 months of age. A total of 252 infants were enrolled, and randomly assigned to one of the three vaccination groups (84 infants in each group); 241 infants were followed until the end of the study. Antibody production against PRP, diphtheria, tetanus and pertussis antigens was satisfactory for each vaccination scheme used. A good response to Hib vaccine was elicited in each group, and 3 months after the third vaccine dose, at least 97% of children in each group had levels of PRP antibody considered to be seroprotective (>0.15 mug/ml), and over 90% of children in each group had levels over 1.0 mug/ml. The solicited local and systemic adverse events following vaccination were mild in all groups and resolved within 4 days without medical intervention. With the exception

of fever, which was more common after the second dose in children who received DTP-IPV//PRP-T, local and systemic reactions did not differ between the vaccination groups. Due to the practical advantages of combined vaccines, their use in routine immunization programs in developing countries is highly desirable. Our results show that Hib conjugate vaccine can be included in routine immunization programs that include either OPV or IPV with satisfactory immunogenicity and safety profiles. This flexible approach should facilitate the inclusion of the Hib conjugate vaccine in routine immunization programs on a world-wide scale.

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ACCESSION NUMBER: 1999:479303 BIOSIS
DOCUMENT NUMBER: PREV199900479303
TITLE: Immunogenicity and safety of four different doses of **Haemophilus** influenzae type B-tetanus **conjugated** vaccine combine with diptheria-tetanus pertussis vaccine (DTP-HIB) in Indonesian infants.
AUTHOR(S): Punjabi, N. H. [Reprint author]; Richie, E.; Simanjuntak, C. H.; Harjanto, J.; Wangsasaputra, F.; Rofiq, A.; Prijanto, M.; Cryz, S., Jr.
CORPORATE SOURCE: U.S. Naval Medical Research Unit No. 2, Jakarta, Indonesia
SOURCE: American Journal of Tropical Medicine and Hygiene, (Sept., 1999) Vol. 61, No. 3 SUPPL., pp. 227. print.
Meeting Info.: 48th Annual Meeting of the American Society of Tropical Medicine and Hygiene. Washington, D.C., USA. November 28-December 2, 1999. American Society of Tropical Medicine and Hygiene.
CODEN: AJTHAB. ISSN: 0002-9637.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 9 Nov 1999
Last Updated on STN: 3 May 2000

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Full Text | Cited References

ACCESSION NUMBER: 1999:216759 BIOSIS
DOCUMENT NUMBER: PREV199900216759
TITLE: New acellular pertussis-containing paediatric combined vaccines.
AUTHOR(S): Pines, E.; Barrand, M.; Fabre, P.; Salomon, H.; Blondeau, C.; Wood, S. C.; Hoffenbach, A. [Reprint author]
CORPORATE SOURCE: Pasteur Merieux Connaught, 3, avenue Pasteur, 92430, Marnes-la Coquette, France
SOURCE: Vaccine, (March 26, 1999) Vol. 17, No. 13-14, pp. 1650-1656. print.
CODEN: VACCDE. ISSN: 0264-410X.
DOCUMENT TYPE: Article
General Review; (Literature Review)
LANGUAGE: English
ENTRY DATE: Entered STN: 26 May 1999
Last Updated on STN: 26 May 1999
AB Combined pediatric vaccines have the advantages of conferring protection against multiple common infectious diseases with a reduced number of injections. Their use should lead to better compliance to recommended vaccination schedules. Diphtheria (D), tetanus (T) and whole-cell

pertussis vaccine (P) have been successfully combined, with or without inactivated poliovirus vaccine (IPV) in the same syringe for many years. Recently developed acellular pertussis (aP) Haemophilus influenzae type B (Hib), inactivated poliomyelitis virus and hepatitis B vaccines are ideal candidates for inclusion in current combined vaccines. Nevertheless, the development of new combinations has to face preclinical and clinical issues: the appropriate formulation of the new antigen(s) and other vaccine components needs to be determined to ensure compatibility and guard against potential additive or unexpected adverse reactions; potential immunological interference between antigens and the negative impact of other vaccine components on immunogenicity may occur, and these have to be examined also. Whole-cell pertussis vaccines are highly protective against whooping cough, but the severe adverse reactions that these vaccines sometimes produce have led to hesitation over their use, including the decision of some countries to stop pertussis immunization. To increase the acceptability of pertussis vaccination, Pasteur Merieux Connaught has developed a combined D, T and a two-component acellular pertussis vaccine (DTaP), composed of purified pertussis toxoid (PT) and filamentous haemagglutinin (FHA), which has been shown to be effective in an efficacy trial conducted in Senegal. Acellular DTaP vaccines are immunogenic and have a better safety profile than **DTP** vaccines, when given either for the primary series, for the booster vaccination or for both. In order to meet worldwide demands, the combined DTaP-IPV or **DTP**-IPV has been developed for countries where IPV is recommended. Following the encouragement of the WHO, an H. influenzae type B tetanus-conjugated (Act-HIB) vaccine, has been combined in a full liquid formulation with the whole-cell **DTP**. This vaccine showed a good safety and immunogenicity profile in infants and in toddlers. A combined DTaP-IPV-PRP-T vaccine (where the Act-HIB vaccine is reconstituted by the full-liquid DTaP-IPV) also has been successfully developed both for the primary series and for booster vaccination; although, a reduced immunogenicity against PRP observed after the primary series, this did not affect vaccine priming. Hepatitis B immunization campaigns targeting high-risk groups have failed to control the disease in areas of low endemicity. In 1992, the WHO recommended that hepatitis B vaccination should be integrated into the EPI in all countries by 1997-1999. For that purpose, hepatitis B vaccine is currently evaluated in pediatric combined vaccines. Developing new combination vaccines is a difficult but essential process for maintaining high immunization rates worldwide against infectious diseases, provided that the costs are acceptable. New combined vaccines including pneumococcal and meningococcal component are under wide-scale development.

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ACCESSION NUMBER: 1999:128773 BIOSIS
DOCUMENT NUMBER: PREV199900128773
TITLE: Effect of transplacentally acquired tetanus antibodies on the antibody responses to Haemophilus influenzae type b-tetanus toxoid conjugate and tetanus toxoid vaccines in Filipino infants.
AUTHOR(S): Nohynek, Hanna [Reprint author]; Gustafsson, Linda; Capeding, Maria Rosario Z.; Kayhty, Helena; Olander, Rose-Marie; Pascualk, Luz; Ruutu, Petri
CORPORATE SOURCE: Dep. Vaccines, National Public Health Inst., Mannerheimintie 166, FIN-00300 Helsinki, Finland
SOURCE: Pediatric Infectious Disease Journal, (Jan., 1999) Vol. 18, No. 1, pp. 25-30. print.

ISSN: 0891-3668.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 17 Mar 1999
Last Updated on STN: 17 Mar 1999

AB Background. Pregnant women in developing countries are vaccinated with tetanus toxoid (TT) to prevent neonatal tetanus. In populations in which the maternal TT-vaccination program is efficiently implemented, responses of the infant to TT and TT-**conjugated** vaccines such as **Haemophilus** influenzae type b (Hib) capsular polysaccharide (PS) TT-conjugate (Hib-TT) vaccine may be depressed. Objectives. To study the influence of transplacentally acquired anti-TT antibodies on responses to TT vaccination and to Hib-TT vaccine. Methods. One hundred ninety-four healthy Filipino infants received three doses of a Hib conjugate (either Hib-TT, PRP-OMP or HbOC) with diphtheria-tetanus-pertussis vaccine (**DTP**) given simultaneously but in a separate syringe at the age of 6, 10 and 14 weeks (primary series). In addition 54 of the study children received a booster dose of Hib-TT at 9 months simultaneously with the measles vaccine. Results. Transplacentally acquired anti-TT did not interfere with the anti-Hib PS antibody (anti-Hib PS) response to any of the conjugates. The transplacentally acquired anti-TT was not significantly associated with the concentration of anti-Hib PS either before or after the booster dose of Hib-TT. High concentrations (gtoreq1 IU/ml) of transplacentally acquired anti-TT inhibited the infants' anti-TT responses. Conclusions. High concentration of transplacentally acquired anti-TT did not depress anti-Hib PS responses to the Hib-TT vaccine. On the other hand the high anti-TT concentrations somewhat depressed the anti-TT responses of the infants. However, the anti-TT concentrations attained were in the protective range in all study children after either the primary series (**DTP** + Hib-TT) or the booster dose of Hib-TT.

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ACCESSION NUMBER: 1998:228632 BIOSIS
DOCUMENT NUMBER: PREV199800228632
TITLE: Safety and immunogenicity of heptavalent pneumococcal vaccine conjugated to CRM197 in United States infants.
AUTHOR(S): Rennels, Margaret B. [Reprint author]; Edwards, Kathryn M.; Keyserling, Harry L.; Reisinger, Keith S.; Hogerman, Deborah A.; Madore, Dace V.; Chang, Ih; Paradiso, Peter R.; Malinoski, Frank J.; Kimura, Alan
CORPORATE SOURCE: Univ. Hospital, N5W70, 22 South Green St., Baltimore, MD 21201, USA
SOURCE: Pediatrics, (April, 1998) Vol. 101, No. 4 PART 1, pp. 604-611. print.
CODEN: PEDIAU. ISSN: 0031-4005.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 20 May 1998
Last Updated on STN: 20 May 1998

AB Objective. To determine the safety and immunogenicity of heptavalent pneumococcal saccharide vaccine (serotypes 4, 6B, 9V, 14, 18C, 19F, 23F) individually conjugated to CRM197 (PNCRM7), administered at 2, 4, 6, and 12 to 15 months of age. Design. Two hundred twelve healthy 2-month-old infants were equally randomized to receive four consecutive doses of PNCRM7 or an investigational meningococcal group C conjugate vaccine, which served as a control. Concomitantly administered routine vaccines were oral polio vaccine and combined diphtheria toxoid, tetanus toxoid,

and whole cell pertussis vaccine/**Haemophilus** influenzae type b vaccine consisting of capsular oligosaccharides **conjugated** to CRM197 (**DTP**/HbOC) at 2,4, and 6 months, and either measles-mumps-rubella vaccine or HbOC at 12 to 15 months. Active safety surveillance was conducted for 3 days after each dose. Antibody concentrations to each of the 7 pneumococcal serotypes were measured by enzyme-linked immunosorbent assay prevaccination, after doses two and three, prebooster, and postbooster. Results. Significantly fewer children experienced local reactions at the PNCRM7 injection site than at the **DTP**/HbOC site. There was no increase in the incidence or severity of local reactions at the PNCRM7 site with increasing doses of vaccine. Mild to moderate postvaccination fever was common in both the PNCRM7 and control vaccine groups, however **DTP**/HbOC was administered concurrently. All 7 vaccine serotypes were immunogenic. The kinetics of the immune responses were serotype-specific. After three doses of PNCRM7, between 92% to 100% of children had gtoreq 0.15 mug/mL of antibody, and 51% to 90% achieved a level of gtoreq 1 mug/mL against specific serotypes. A booster dose of PNCRM7 resulted in a brisk anamnestic response to all 7 vaccine serotypes, demonstrating effective stimulation of T-cell memory by the primary series of vaccinations. Conclusion. Primary immunization followed by a booster dose of PNCRM7 seemed to be acceptably safe and resulted in significant rises in antibody to all 7 serotypes. Implications. Studies to assess vaccine efficacy of PNCRM7 for prevention of systemic disease, nasopharyngeal colonization, and acute otitis media are in progress. If PNCRM7 proves to be protective, there is the potential to prevent up to 85% of invasive pneumococcal disease occurring in US children.

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ACCESSION NUMBER: 1997:43488 BIOSIS
DOCUMENT NUMBER: PREV199799335476
TITLE: Priming with diphtheria-tetanus-pertussis vaccine enhances the response to the Haemophilus influenzae type b tetanus conjugate vaccine in infancy.
AUTHOR(S): Kurikka, Sari
CORPORATE SOURCE: National Public Helath Inst., Mannerheimintie 166, 00300 Helsinki, Finland
SOURCE: Vaccine, (1996) Vol. 14, No. 13, pp. 1239-1242. CODEN: VACCDE. ISSN: 0264-410X.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 28 Jan 1997
Last Updated on STN: 28 Jan 1997

AB **Haemophilus** influenzae type b (Hib) capsular polysaccharide (PS) **conjugated** to tetanus toxoid (PRP-T) was given at 4 and 6 months of age and anti-Hib PS antibody response to the first and second dose of PRP-T was compared in groups that received diphtheria-tetanus-pertussis (**DTP**) vaccine either simultaneously with PRP-T (34 infants) or separately at 3, 4 and 5 months of age (49 infants). The geometric mean anti-Hib PS antibody concentration after the first dose of PRP-T given at 4 months of age was eightfold higher if the infants primed with **DTP** at 3 months of age than if the first dose of **DTP** was given together with the first dose of PRP-T (0.81 mu-g ml-1 vs 0.11 mu-g ml-1). The positive influence of **DTP** priming was seen also after the second dose of PRP-T given at 6 months of age (7.55 mu-g ml-1 vs 3.45 mu-g ml-1).

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ACCESSION NUMBER: 1995:21056 BIOSIS
DOCUMENT NUMBER: PREV199598035356
TITLE: Interaction of Haemophilus influenzae type b conjugate vaccines with diphtheria-tetanus-pertussis vaccine in control tests.
AUTHOR(S): Redhead, Keith [Reprint author]; Sesardic, Dorothea; Yost, Susan E.; Attwell, Ann-Marie; Watkins, Johanna; Hoy, Charlotte S.; Plumb, Joanne E.; Corbel, Michael J.
CORPORATE SOURCE: Div. Bacteriol., Natl. Inst. Biol. Standards Control, Blanche Lane, South Mimms, Potters Bar, Hertfordshire EN6 3QG, UK
SOURCE: Vaccine, (1994) Vol. 12, No. 15, pp. 1460-1466.
CODEN: VACCDE. ISSN: 0264-410X.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 11 Jan 1995
Last Updated on STN: 11 Jan 1995

AB The effects of combining three **Haemophilus** influenzae type b (Hib) capsular polysaccharide vaccines, **conjugated** to different proteins, with **DTP** vaccine on the subsequent control testing were examined. The addition of the Hib vaccines had little effect on the reactogenicity or the potency of the whole-cell pertussis component. The potency of, and antibody responses to, the diphtheria component were also unaffected in all three combinations. However, combination with the Hib vaccine comprising polysaccharide conjugated to tetanus toxoid resulted in a fivefold potentiation of the tetanus potency and large increases in the antibody responses to tetanus toxin and toxoid and Hib polysaccharide. These results have implications for the control testing of combined vaccines containing a whole-cell pertussis component and Hib polysaccharide-tetanus protein conjugate vaccine.

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STN

ACCESSION NUMBER: 1994:391206 BIOSIS
DOCUMENT NUMBER: PREV199497404206
TITLE: Enhanced antibody response in Venezuelan infants immunized with Haemophilus influenzae type b-tetanus toxoid conjugate vaccine.
AUTHOR(S): Castillo De Febres, Olga [Reprint author]; Decker, Michael D.; Estopinan, Milagros [Reprint author]; Bordones, Glenda [Reprint author]; Edwards, Kathryn M.
CORPORATE SOURCE: Dep. Pediatr., Univ. Carabobo, Valencia, Venezuela
SOURCE: Pediatric Infectious Disease Journal, (1994) Vol. 13, No. 7, pp. 635-639.
ISSN: 0891-3668.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 14 Sep 1994
Last Updated on STN: 15 Sep 1994

AB The safety and immunogenicity of primary immunization at 2, 4 and 6 months of age with **Haemophilus** influenzae type b capsular polysaccharide **conjugated** to tetanus toxoid (PRPT; Act-HIB) were evaluated in infants in Valencia, Venezuela. In order better to assess reactions to PRP-T, subjects received their initial PRP-T vaccine a mean of 6.5 days after their initial diphtheria-tetanus-pertussis (**DTP**) vaccine. The PRP-T

vaccine was well tolerated. Serum was obtained at ages 2 and 7 months (before the first and 1 month after the third PRP-T dose). Antibody responses were compared with those from Nashville infants who had received PRP-T and DTP simultaneously in a previous trial. The preimmunization titers in the Venezuelan and Nashville infants did not differ. The geometric mean postimmunization titer in the Venezuelan infants was 37.9 mu-g/ml, as compared with 3.63 mu-g/ml in the Nashville infants (P lt 0.00001). Possible explanations for the exceptional antibody response of these Venezuelan infants to PRP-T include carrier priming caused by prior DTP immunization, synergy associated with the specific DTP vaccine used, preimmunization immunologic experience that differed from their United States counterparts and genetic differences that altered response to the vaccines. Further studies are proposed to evaluate these possibilities.

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ACCESSION NUMBER: 1993:454769 BIOSIS
DOCUMENT NUMBER: PREV199396099669
TITLE: Haemophilus influenzae type b polysaccharide-tetanus protein conjugate vaccine does not depress serologic responses to diphtheria, tetanus or pertussis antigens when coadministered in the same syringe with diphtheria-tetanus-pertussis vaccine at two, four and six months of age.
AUTHOR(S): Avendano, Alfredo; Ferreccio, Catterine; Lagos, Rosanna; Horwitz, Isidoro; Cayazzo, Marisol; Fritzell, Bernard; Meschievitz, Carlton; Levine, Myron [Reprint author]
CORPORATE SOURCE: Cent. Vaccine Dev., Univ. Md. Sch. Med., 10 S. Pine St., Baltimore, MD 21201, USA
SOURCE: Pediatric Infectious Disease Journal, (1993) Vol. 12, No. 8, pp. 638-643.
ISSN: 0891-3668.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 5 Oct 1993
Last Updated on STN: 5 Oct 1993

AB The safety and immunogenicity of a vaccine against Haemophilus influenzae type b consisting of purified polyribosylribitol phosphate conjugated to tetanus toxoid (PRP-T) were evaluated in 277 Chilean infants who were randomly assigned to one of three treatment groups: Group A, PRP-T mixed with diphtheria-tetanus-pertussis (DTP) vaccine in a single syringe and given as a single inoculation in one arm and placebo in the other arm; Group B, PRP-T given in one arm and DTP in the other arm; Group C, DTP given in one arm and placebo in the other. Infants were immunized at 2, 4 and 6 months of age and examined daily for 4 days after each immunization. Serum PRP antibodies; tetanus, diphtheria and pertussis antitoxin; pertussis agglutinins; and antibodies to Bordetella pertussis filamentous hemagglutinin were measured at baseline and 2 months after each dose. PRP-T was well-tolerated. After three doses of PRP-T vaccine 100% of infants attained PRP antibody concentrations -0.15 mu-g/ml and 96 to 99% achieved high anti-PRP concentrations ( gtoreq 1.0 mu-g/ml). The post-third dose anti-PRP geometric mean titer was high (6.94 mu-g/ml) in infants who were given PRP-T combined with DTP, although it was somewhat lower than the geometric mean titer of the group who received PRP-T in a separate arm (9.93 mu-g/ml) (P not significant). No differences were detected among the groups in tetanus antitoxin response, whereas after two or three doses the geometric mean titer of diphtheria

antitoxin was significantly higher in the group who received PRP-T combined with DTP than in the group who received PRP-T as a separate inoculation (P lt 0.016). Pertussis agglutinin, antitoxin and anti-filamentous hemagglutinin responses did not differ among the groups. These results encourage coadministration of PRP-T and DTP in a single inoculation, in view of the practical advantages of such combined immunization.

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STN

ACCESSION NUMBER: 1992:27895 BIOSIS
DOCUMENT NUMBER: PREV199293017170; BA93:17170
TITLE: THE CLINICAL AND IMMUNOLOGIC RESPONSE OF CHILEAN INFANTS TO HAEMOPHILUS-INFLUENZAE TYPE B POLYSACCHARIDE-TETANUS PROTEIN CONJUGATE VACCINE COADMINISTERED IN THE SAME SYRINGE WITH DIPHTHERIA-TETANUS TOXOIDS-PERTUSSIS VACCINE AT TWO FOUR AND SIX MONTHS OF AGE.
AUTHOR(S): FERRECCIO C [Reprint author]; CLEMENS J; AVENDANO A; HORWITZ I; FLORES C; AVILA L; CAYAZZO M; FRITZELL B; CADOZ M; LEVINE M
CORPORATE SOURCE: CENT VACCINE DEV, UNIV MARYLAND SCH MED, 10 S PINE ST, BALTIMORE, MD 21201, USA
SOURCE: Pediatric Infectious Disease Journal, (1991) Vol. 10, No. 10, pp. 764-771.
ISSN: 0891-3668.
DOCUMENT TYPE: Article
FILE SEGMENT: BA
LANGUAGE: ENGLISH
ENTRY DATE: Entered STN: 6 Jan 1992
Last Updated on STN: 6 Mar 1992

AB The safety and immunogenicity of a vaccine against **Haemophilus** influenzae type b consisting of purified polyribosylribitolphosphate **conjugated** to tetanus toxoid (PRP-T) was evaluated in 278 Chilean infants who were randomly assigned to one of three treatment groups: Group A, PRP-T mixed with diphtheria-tetanus toxoids-pertussis (**DTP**) vaccine in a single syringe and given as a single inoculation in one arm and placebo in the other arm; Group B, PRP-T given in one arm and **DTP** in the other arm; Group C, **DTP** given in one arm and placebo in the other. Infants were immunized at 2, 4 and 6 months of age and examined daily for 4 days after each immunization; serum PRP antibodies were measured at baseline and 2 months after each dose. The only adverse systemic reaction attributable to PRP-T beyond that caused by **DTP** alone was a 7 to 20% increase in febrile responses in the first 24 hours after the first and second doses of vaccine; the fevers were largely low grade and not accompanied by increased irritability, diminished activity or loss of appetite, compared with the group who received **DTP** without PRP-T. After the first dose 72% of infants who received PRP-T combined with **DTP** and 67% who received it in a separate arm attained antibody concentrations ≥ 0.15 µg/ml. After two doses of PRP-T, 93 and 95%, respectively, had concentrations ≥ 0.15 µg/ml and after three doses 100% of infants who received PRP-T had such titers. The anti-PRP geometric mean titer (4.80 µg/ml) in infants who received PRP-T combined with **DTP**, while high, was significantly lower than the group who received PRP-T in a separate arm (11.32 µg/ml). After the third dose the proportion of infants who achieved high anti-PRP concentrations (≥ 1.0 µg/ml) was 89% in those who received PRP-T combined with **DTP** and 98% in those who received PRP-T in a separate arm (P< 0.05). The results of these studies are sufficiently encouraging to support

further evaluation of the coadministration of PRP-T and DTP in a single inoculation, in view of the practical advantages of such combined immunization.

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